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COMPLICATED MENSTRUATION, AS ILLUSTRATED IN TWO CASES.

By W. Detmold, M.D., of New York.

CASE I.—The following case represents features as interesting in a physiological point of view, as they are perhaps of rare occurrence. I therefore do not hesitate to give it publicity, though I have myself only for a short period been an observer and eye-witness of the course of the disease. The medical attendants were changed several times during the illness of the patient, and having been myself called in consultation only in the latter part of it, I have been obliged to rely for the history of the case, previously to my seeing it, on the statement of the patient and her family, and of the physicians whom I found in attendance at the time. The case, however, has been seen by a large number of professional men of the highest standing in this city, and I myself had an opportunity of showing the patient to several medical men from other parts of the country, so that as regards the correctness and truth of the history of the main and most interesting features of the case (and to those I shall limit myself here) there cannot be any doubt. As the repeated change of the medical attendants, and my only temporary observation of the case, make it impossible for me to give an exact account of the medical treatment followed during the different stages of the disease, and as I, besides, consider the case less interesting in a therapeutic point of view than in a pathological and physiological, I shall omit here the treatment entirely.

Miss R., of this city, of dark hair and complexion, had, with the exception of the ordinary diseases of childhood, always enjoyed good health, and she was apparently of a robust constitution. When fourteen years of age, her menses first appeared, without any disturbance in her general health; and after that time she regularly menstruated for about one year. On the 17th of April, 1842, during one of the menstrual periods, she had, at the same time (according to her own and her family's statement), a bilious attack with a severe sore throat. She had leeches applied to the throat, and was bled in the arm. Her menstruation stopped during the night succeeding the venesection, and the following morning the patient had lost the use of her left leg, which became very painful, and began to swell from the hips down to the toes. Simultane-

ously with the swelling of the leg, a singular symptom appeared. *The whole surface of the body became covered with black hair*, so that the arms, legs and chest of the young lady looked more like those of a hairy man of forty, while the upper lip and cheeks were covered with a delicate dark down, as we see sometimes in young men approaching the period of puberty.

I saw the patient about three months after the commencement of the disease which then had just passed its acmé, and found her in the following condition. Her whole body was very much emaciated, and her countenance bore an expression of suffering, which was increased to the highest degree by the mere approach of any person to the pillows on which her leg rested. On her upper lip and cheeks was the above mentioned down, and her chest, arms and legs were hairy, as just described. The hair showed, however, much more on the sound leg than on the diseased one, for as the sound leg was emaciated almost to bone and skin, the hair on it appeared much more dense than on the other leg, the skin of which was in the highest degree of tension from the enormous swelling. The circumference around the knee was twenty-two inches, and the thigh and leg were swollen in proportion. The skin was neither changed in temperature nor color; the swelling was neither phlegmonous nor œdematous; to the touch it was solid, and felt like a plastic deposit; it resembled hypertrophia, and the whole limb presented somewhat the appearance of phlegmasia alba. Outside and above the knee was a superficial and limited fluctuation, which, on being opened, discharged for several days a moderate quantity of healthy-looking pus; and a similar fluctuation appeared a few weeks after directly over the patella. Both these abscesses were, however, in no proportion whatsoever to the size of the leg, and they seemed altogether secondary, that is, not connected with the *causa proxima* of the disease, but rather consecutive upon the enormous swelling. The patient suffered intense pain from the slightest attempt at moving the limb, over which she herself had no control at all. She had two large ulcers from decubitus over the os sacrum, and the pulse was about one hundred and eight in a minute, having been a few days previously as high as one hundred and twenty. Her appetite was good, and altogether the disease, as already stated, seemed to have passed its acmé; for the patient began gradually to improve, the pulse became daily less frequent, the swelling of the leg diminished by slow degrees, the limb became daily less painful, the ulcers on the back healed up, and about four months and a half after she was first taken ill, she began to move about upon crutches. The unnatural growth of hair upon her body and limbs gradually disappeared, and about six months from the commencement of the disease, the menses made their re-appearance. From that time she continued to improve steadily, and she is now, in June, 1843, a fine hearty-looking woman, with no remains of her extraordinary illness, except a false anchylosis of the knee-joint, evidently caused by plastic deposit in the soft parts and ligamentous apparatus around the joint. Otherwise she has the full use of her limbs, with the exception that

after much exercise she has a feeling of fatigue in that leg, and it becomes slightly œdematous.

I have thus given only, as I premised in the beginning, an outline of the characteristic features of the case, without entering into the minutes of the daily changes even at the period when I had the opportunity of doing so; and I will now, in conclusion, only state that the application of ice to the swollen limb seemed to have been the most beneficial remedial agent resorted to. I also abstain from commenting on the physiology and pathology of the case, which seem, as far as the growth of the hair is concerned, a mistake of nature in anticipating the period when menstruation ceases naturally.

CASE II.—As I have given the above case mainly on account of its pathological and physiological interest, without reference to therapeutics, I do not deem it out of place to add the following case, of which the principal interest lies perhaps in the therapeutical treatment pursued.

Mrs. —, of this city, of lymphatic temperament, had, until her marriage, which occurred when she was very young, regularly menstruated. She has now been married about eight years. Soon after her marriage her menstrual functions became deranged, the pain at each period being so excessive that she had invariably to keep her bed for about a week. The pain and uterine spasms were at times so violent as to produce convulsions; and, withal, she never lost more than a few drops of blood during the first few hours of each menstrual period. She had never, during the eight years of her matrimony, been pregnant. She had been under the care of several medical men, and she had at different times been put under the influence of various remedies, as well for momentary relief during the paroxysm of her menstrual spasms as in the interim for a radical cure. It was all, however, to no good effect, for she only obtained temporary relief from copious venesections which were repeated every few months.

In August, 1842, she applied to me for relief. Besides her regular attacks of illness, every four weeks, she complained of a continual feeling of soreness above the os pubis, which was much increased after intercourse with her husband. I proposed, and she submitted, for the first time, to an examination per vaginam. The collum uteri felt rather large and soft; and when the speculum was introduced, the labia of of the os tincæ showed a dark purple color. I repeated the examination at her next menstrual evacuation, and found the same appearance as before, only stronger marked, showing evidently a high degree of venous congestion. I advised the immediate application of six leeches to the os tincæ. The after bleeding was very copious, so much so that her husband became alarmed during the night, and sent for me to stop it; but, as I found it not excessive, I allowed it to continue for several days. I did not ascertain whether the blood flowed from the leech bites or from the interior of the uterus. The patient, however, had neither pain nor spasms of any kind, during the menstrual period, being the first time in about eight years. I ordered the application of the leeches to be repeated every month, upon the first warning of the approaching men-

stration, and each time with the same beneficial result. Besides, I ordered, during the intervening time, injections of cold water per vaginam, and advised abstaining from intercourse with her husband. At the same time I prescribed a simple and healthy diet, with exercise in the open air; and as the patient was evidently doing well under this treatment, I did not deem any medicine necessary, except keeping her bowels regular with small doses of rad. rhei. This course of treatment was carried on for about five months, the leeches having been applied four times, when, as the soreness over the os pubis had long since entirely disappeared, the patient did not deem it necessary to have them applied a fifth time; and the result was, to her great surprise and delight, a regular menstruation, without the least pain, a sufficient quantity of blood being lost without the leeches. At her next term, she had again a regular menstrual evacuation, and immediately after that she must have conceived, for she began to complain of sickness at the stomach in the morning, exhibiting, in a word, all the usual symptoms of the early stage of pregnancy. Her menses now stopped for three months without any disturbance in her general health; but, unfortunately, a few weeks ago, in consequence of imprudence in taking a great deal of exercise, and a long ride in a jolting stage, she had a miscarriage, discharging a perfectly normal and well-developed ovum. Since then, she has had a regular and sufficiently abundant menstrual evacuation.—*N. Y. Journal of Medicine and the Collateral Sciences.*

ON THE TREATMENT OF ERYSIPELAS.

By John Craig, Surgeon, Paisley.

On the treatment of erysipelas, by Mr. Wilson, in his nineteenth lecture on Diseases of the Skin,* I beg leave to make a few observations.

Mr. Wilson, in a summary manner, directs the attention of his audience to the modes of treatment to be adopted in the commencement of an attack of erysipelas, and, like many other writers on this subject, cautions them against the too free use of such means as are calculated to produce debility, a state so much feared in the management of erysipelatous cases. He afterwards calls their attention to the mode of treatment recommended by Dr. Robert Williams, which he (Mr. Wilson) "regards as judicious and admirable, and well suited to become a standard for your imitation. 'The mode, then (says Dr. Williams), in which I am in the habit of treating idiopathic erysipelas, whatever may be the part affected, or with whatever symptoms it may be accompanied, is as follows:—The patient is put on milk diet, the bowels gently opened, and from four to six ounces of port wine, together with sago, allowed daily.'"

So uniform a mode of treatment recommended for imitation by Mr. Wilson, and actually practised by Dr. Williams, in a disease so varied in its nature and in its degree of violence, appears to me to be as extraor-

* See page 329 of this Journal.

dinary, as it is, in my view, pregnant with danger to the sufferers. On the same grounds, I presume, may the homœopathist and hydropathist maintain that their modes of treatment are suitable to every form of disease. There can scarcely be a greater proof of the absence of correct views regarding any complaint, or its appropriate treatment, than when so great discrepancy exists among medical men respecting the mode to be pursued in its management as is exhibited in the treatment of erysipelas. It has been insinuated by many of the profession that patients often recover in spite of their bad treatment, but in severe cases of disease, in which the resisting and restorative powers of the system are nearly balanced by processes of a controlling and vitiating nature, it is clear that a mode of treatment which is favorable to an increase of the morbid tendencies must be hazardous, and often fatal, to the patient. Thus, it must intuitively appear to every ordinary observer, that no disease, so varied and complicated in its nature as erysipelas, can on any account be so generally conducted to a favorable termination by any uniform mode of treatment as when the nature of the complaint is first duly considered, and the treatment employed suited to the existing symptoms. The use of wine or other stimulants at the commencement of many inflammatory or congestive forms of erysipelas, must, in my opinion, be considered to be among those causes which operate in the production of so much mortality in this complaint. Indeed, in order to give the patient even a chance of recovery in many cases, a very opposite mode of management, so far as my experience extends, must be adopted.

In the local treatment of erysipelas Mr. Wilson recommends either evaporating lotions or fomentations, the temperature to be determined by the feelings of the patient. One or other of these applications, so far as my information extends, is generally used. A few years ago an opportunity was kindly afforded me, during several months, of seeing the practice of many of the most eminent practitioners attached to the principal hospitals in Great Britain and elsewhere, and the evaporating or fomenting application appeared to be most in use; yet some of these gentlemen, who stand at the very head of the profession, employed no local application whatever. Now, if I be correct in the observations that I have always made on the effects of these applications, as well as on the effects of the want of any application, I would rank them among those causes which render erysipelatous affections so severe and dangerous to those who are the subjects of them. In my view, such local management is neither suited to arrest the progress of the disease nor to alleviate the sufferings of those for whose relief it is employed. Wet applications of every kind applied to the tender inflamed surface of an erysipelatous part, keep up, at least, a very irregular temperature, and as the principal mischief at the beginning is chiefly external, the varied temperature is apt to repel the eruption to the more internal and vital parts, and this adventitious state lays the foundation of the principal difficulties and danger. The want of any local application to the parts affected is equally injurious, for the inflamed and irritable surface being exposed to the friction of either the bed or body-clothing, or even to the influence of the atmos-

phere, increases the irritation of the parts, renders the patient uneasy and restless, and disturbs the system generally to a greater degree than seems to be imagined by those who practise it.

Having made these observations, I shall briefly relate the mode of procedure which I have pursued for upwards of twenty-five years, in this large manufacturing town, where erysipelas frequently prevails in a severe, and, occasionally, in a fatal form. For a considerable period of my professional career the opinion that I have formed regarding the origin of disease is, that the nervous system, or some portion of it, is always the part primarily and abnormally affected, and that the system then generally or partially participates in the derangement. This view I consider essential in order to the proper and successful treatment of erysipelas. In the production of this complaint an irritating agent, as a current of cold air, for example, is applied to the face and head, when the sentient and motive organs of the affected part assume a peculiar and altered action, which in its turn exerts an influence on the vascular system, and the result of these changes operates unfavorably on the blood as well as on the various organic functions.

Thus, it is evident that when the disordered state of the nerves, the origin of all the mischief, is skilfully treated at the very commencement, the affection of the system will either entirely, or in a great measure, be prevented, and the usual dangerous and fatal results in almost every case averted. In order to obtain these desirable ends the following mode of treatment pursued by me during the period already mentioned has accomplished all that the practitioner can reasonably expect.

At my first visit, if the patient's skin be hot, pulse quick, with headache, and other febrile and inflammatory symptoms, at the same time that the erysipelatous part is turgid and tender, blood is immediately taken from the arm, the quantity being proportioned to the strength of the patient and the violence of the symptoms—I may state that from ten to thirty ounces, according to circumstances, may be safely taken. I very seldom repeat the bleeding; indeed, repeated bleeding should be practised with great caution, except when some internal organ, as the lungs, participates in the inflammatory action; when repeated free bleeding will be requisite; but even in this state of things the oppression at the chest will, in the end, be more safely and certainly relieved by nauseating doses of antimonial tartar, even to gentle vomiting, than by bleeding to the extent that the symptoms indicate.

The next step in the treatment is to immediately cover the erysipelatous parts with a material soft, light and warm, as a soothing application, and sufficiently compact, in order to lessen the rapid evaporation from the burning and inflamed surface; it should also be sufficiently porous to admit into its substance the acrid exhalations from the diseased parts, otherwise vesications and suppuration would more frequently occur. By the use of such means an uniform temperature is kept up on the surface, the parts are soothed and relaxed, and the repulsion of the eruption prevented. The application which I use for these purposes is one of the very oldest description, viz., fine flour, well dried at a fire, and applied warm over

the parts affected, and so as to be covered with it as thick as a penny-piece. The flour thus applied is to be kept in its place by a thin fleece of cotton wool, and the whole to be secured by a thin muslin napkin. As long as the parts continue hot and flushed, the flour should be changed every eight or twelve hours, and fresh flour applied as at the first. This form of application has a great advantage over others, not only on account of its greater safety, but it is more agreeable, and gives the patient less trouble in its application. One or two hours after bleeding and dressing of the affected parts, a smart purgative should be administered, containing five grains of calomel. After the operation of the purgative, two grains of calomel and five grains of antimonial powder should be given to the patient every eight hours, for the purpose of determining to the surface of the body and regulating the secretions, which in many instances are much deranged.

By the use of these means the febrile and inflammatory symptoms are greatly alleviated in the course of three or four days, when the antimony and calomel should be suspended. If the calomel and antimony do not operate freely and easily on the bowels, a mild dose of salts or castor oil should be administered every second day, until the acute symptoms are subdued. In the acute forms of this disease the patient generally sleeps little for several nights, and in order to procure this desirable end a dose of muriate of morphia, combined with an antimonial, may be given to the patient on the fourth night, or even sooner, if the febrile symptoms are lessened, with generally the most agreeable and advantageous effects.

In another form of this complaint, in which the patient is of a weakly habit, pulse not much accelerated, skin cool, and the appearance of the erysipelatous part of a dusky color, bleeding is in general inadmissible, but all the other means should be rigidly attended to. As in this form it is more necessary to bring the patient under the influence of the calomel than in the more acute cases, one grain of calomel, with five of the antimony, is generally the quantity I use every six or eight hours. These means, with the flour externally, have an excellent effect in determining to the surface of the body and relieving the internal parts, as well as in exciting the torpid state of the circulation, which is always present in such cases. In my view it is a great error, in this form of the complaint, to consider its symptoms as the result of debility, and to commence its treatment by stimulants and cordials. Such procedure in bad cases frequently aggravates the symptoms, and renders the state of the patient more precarious. In both forms of the complaint, however, as soon as the disturbed condition of the system is considerably corrected, any real symptoms of debility that may arise should be combated by nourishing diet, and even cordials and stimulants. The risk of inducing dangerous debility in acute cases of erysipelas by the use of an ordinarily active antiphlogistic treatment, during the first few days, is quite ideal; the danger arises not only from the neglect of removing the causes of the complaint by the use of the proper means, but actually also by accumulating the evil by the use of improper means. When suppuration takes place the pus should be evacuated, but when the case is properly managed and

seen early this result seldom occurs ; I have only seen it twice in all my experience.

Scarifications, so much recommended and practised in this complaint, I deem to be seldom if ever necessary, if the means I have pointed out be carefully put in operation ; indeed, except in hospital practice, I cannot conceive how they are to be tolerated.

By the above modes of treatment, then, I have good grounds for stating that erysipelatous complaints are, in a great measure, robbed of their severity and danger ; for by such management for upwards of twenty-five years, I have never lost a case when I attended the patient from the beginning of the attack, excepting in a very few instances, in children under two years of age.—*London Lancet.*

ANIMAL HEAT.

[Communicated for the Boston Medical and Surgical Journal.]

I AM not in the habit of contending against old and established theories ; still those on which the explanation of *animal heat* is based, are so inconsistent with true philosophy, that I shall attempt to show that they are unfounded, and that there is a more rational way to explain its source.

Not being able to satisfy myself that it is produced by the decarbonization of the blood, I gave the subject some attention for the purpose of discovering, if possible, a more philosophical explanation. The more I investigated it, the more I was convinced of the fallacy of the present theory.

Great has been the effort, and many the principles, to illustrate this almost incomprehensible law of our nature. Messrs. Blake, Davie, Crawford and Franklin, have all showed much talent in writing on this subject, either in advancing new ideas or combating those already existing ; but in their eagerness to establish their own plans, they have each destroyed those of the other, so that not a theory now exists which has not been detected in error sufficient to warrant one to discredit its trust. Yet there is so much plausibility used by each, that had either escaped the competition of the others, they might have deceived more than now.

The modern philosophers seeing so much collision on the subject, they dare not (or do not) commit themselves, and leave it as much in the dark as their predecessors, only with this important addition, an honest confession that the subject still presents a large field for future investigation. Friction, chemical changes in digestion, electricity and nervous influence, have each had its advocates ; but are now superseded by perhaps a more ingenious theory, that of arterialization ; which is admitted by most at the present day : and was it not for the fact that everything in nature must have a rational explanation to satisfy philosophers, and that this presented the most plausibility with the least objection, it would have been overthrown before having been generally adopted. As the systems

which preceded that of arterialization have all exploded, I shall speak only of that which now exists.

Dr. Blake was the first who discovered that the lungs were the great engine which fires up the animal system. He discovered that the same principle was involved both in combustion and respiration; that oxygen is consumed and carbonic acid formed, by each, and that this was a necessary consequence of both. This was a very important discovery, and for which he merits much honor; but in his eagerness to explain a principle of so much magnitude, he forgot that in combustion heat is the immediate consequence, and is communicated more strongly to the nearest objects. To illustrate his theory fully, the lungs would be the *fire-place*, oxygen the *fire*, and carbon the *fuel*.

Dr. Crawford discovered a great deal of ingenuity in this, and adopted it with one very serious objection. It was very soon discovered that in Blake's hypothesis, the lungs must be the very centre of heat, and that heat must first be evolved in them and radiated (to carry out the comparison) by the arteries to every part of the body, the highest temperature being at the lungs, then arteries, capillaries, veins; a consequence of which would be the immediate destruction of the lungs. But actual demonstration correcting this, Crawford attempted to find a remedy by asserting that the arterial blood has a greater capacity for heat than venous, consequently the heat produced by *combustion* in the lungs, becomes immediately latent and is not sensible, until the arterial blood is changed. This was a very beautiful addition, and appears very consistent, and would undoubtedly have been satisfactory, had not Davie discovered that there is no difference in their capacities for heat. Thus the whole theory is utterly overthrown by actual experiments; yet, it is clung to, as the only source of explaining *animal heat*.

I will not deny that latent heat becomes sensible during respiration, in proportion as the air, impregnated with carbonic acid exhaled from the lungs, is more condensed, than that inhaled. This is proved by the fact, that in every respiration heat is thrown off from the lungs. There is no doubt that a degree of heat is communicated to the lungs by the same process; and this may show why (if it is so) the blood has a higher temperature when it leaves the lungs than when it leaves the heart; but I cannot conceive how the heat which is constantly thrown from the body, can be supplied from this source, while it amounts to more than is evolved during respiration in the same time.

It is true the body takes on more than natural heat, to appearance, by exercise; and during the exercise, respiration may or may not be increased; whether it is or is not, the heat is equally increased. Admitting, then, that there is an increase of heat during exercise, and that it is produced by decarbonization of the blood, it follows that in case of violent exercise the system must be completely charged with oxygen and freed from carbon. According to this theory, the body that contains the most carbon has the highest temperature, and the greatest facility for increasing it. A sad misfortune if this poison could not be obtained. Why is it that the chlorotic maiden who lives upon charcoal, is continually complaining of cold?

In order to understand the variation of the temperature of the animal system, it is necessary to understand the laws of heat. One may to appearance be very cold, another very warm, while both contain the same quantity of heat. Or this variation may be in the same person, as in intermittent fever; the same quantity of heat is present in the cold as in the hot stage. The sensation of heat lies in the surface; and this is cold or hot according to the circulation, whether its force is to or from the surface. When any of the viscera are inflamed, and the force of the circulation turned towards them, there is a sense of cold. When re-action takes place, and the force is directed towards the surface, there is heat. Hence the alternations of heat and cold in the first stages of fever. But all this takes place without calling for Blakes's or Crawford's theory of combustion in the lungs. The blood acts as a circulating medium, which keeps an equilibrium of the heat, when there is an equilibrium to the circulation, and *vice versa*.

The question now arises—what is the source of animal heat? In answering this question, it is necessary to say something upon the laws of heat. The same law applies to heat wherever it exists; and in speaking of it a distinction should always be made between latent or specific, and sensible heat; for sometimes we are ignorant of its presence by being ignorant of its laws. Everything is said to have a capacity for heat, and all within that capacity is specific, while all above is sensible, increasing in intensity according to its surplus. And this law is governed by density; the greater the density the less the capacity, and *vice versa*. It is upon this law that the philosophy of animal heat is founded, viz., the different capacities of matter for heat, and the constant consolidation of fluids to solids during nutrition. It is unnecessary to say here, that the animal body suffers a continual waste, which is constantly supplied by the deposit of new matter from the blood. During this deposit, a change takes place from a fluid to a solid; consequently heat must be evolved. Let the source of heat be what it may, heat must be thrown off in this process. Now if we were to judge of the amount of the waste of the body, by the quantity of nutritive matter consumed, we should suppose it to be very great. I am not prepared, however, to say what that quantity is; indeed it must vary in different animals. Suffice it to say, that it is so great that were it not for the fact that the nutritive matter taken into the stomach consists partly of solids, the supply would actually destroy the body by heat. The temperature of the laboring man is higher than that of him who leads an inactive life, simply because the waste of the former is greater than the latter, and consequently more nutrition is required. I recollect of reading an anecdote in your Journal (the No. of which I do not recollect) of a young lad who was kept upon a diminished quantity of food for some weeks; the consequence of which was, a continued sense of cold. And this is why the aged person never wishes to leave his fire-side, especially to be exposed to the chill of winter. He has passed his active days, his habits are sedentary, the waste small, and consequently a diminished nutrition.

This position is proved by the process of inflammation. Every one who

has been in the habit of applying his hand to inflamed surfaces is ready to admit that the heat sometimes rises above that of the blood. Now some principle concerning animal heat ought and can be proved from this. A satisfactory explanation of this fact has never been given; it is merely asserted that the heat does arise above the temperature of the blood, and there the subject is left. Is the heat in an inflamed surface animal heat? If so, whence its source? If not, whence its source? We may say that the increase of heat is accounted for from the fact that there is more blood in the part than usual. This is very well while the heat keeps below that of the blood; but when it rises above that, then this explanation is at an end. If this heat is animal, then it must be explained by the same law; and its very character shows that it cannot come from the lungs. Put a thermometer in the lungs, another in the arteries and veins, and another in the inflamed part; the latter will rise several degrees higher than either of the others. There is no way to explain this, only that it is produced in the organ where it is exhibited, as is the case in regard to the natural heat of the body, and that is by a change of fluids to a solid. When the inflamed parts get to that degree of heat which is actually above that of the blood, there is rapid swelling and hardness, which is caused by a deposit of coagulum into the part affected. The heat produced is the latent heat of the blood sent to the part, becoming sensible in the deposit of lymph. It soon destroys the vitality of the organ or part affected, when the heat subsides, from the fact there is no longer a deposit; or suppuration commences, which carries off the heat by a reversion of the law by which it was produced.

Moultonborough, N. H., July 17th, 1843. WM. H. H. MASON.

A CASE OF HYDROCEPHALUS INTERNUS AND ASCITES,

TREATED SUCCESSFULLY BY A ROLLER AND BLISTERS TO THE HEAD, AND BY DRASTIC PURGATIVES.

[Communicated for the Boston Medical and Surgical Journal.]

In the month of October, 1842, I left New Orleans to attend the inhabitants of the Balize, near the mouth of the Mississippi, at the North East Pass. I was there but a fortnight, during the absence of Dr. Van Antwerp, who had come to the city for his health. While there, I was called to see the child of a Mr. Newman, one of the pilots. It was a little girl about two years and seven months old, and the following were the symptoms and appearances of the child.

The head was very large, as large as that of either of the parents (who were of small, or about middling stature, and well proportioned). The fontanelle was open larger than is usual for a child at birth. The sutures of the cranium were a little open, and the pulsation of the brain could be counted by the eye at the distance of several feet from the child; the abdomen was quite large and tender; the limbs of the child were quite emaciated and small, and its flesh soft. She was able to walk about but a little, and at times could hardly stand alone. She cried and moan-

ed in a plaintive manner, as if she suffered from pain as well as the weight and size of the head.

The parents considered their child as beyond the power of remedy, and certainly no physician could give them much encouragement to hope for a cure. I told them I should like to try a plan of treatment, but that it would be of no use, unless they would pursue the plan for a long time, as the disease, if not congenital, had existed from early infancy. They were anxious to try, and, as the sequel will show, attended with assiduity and perseverance to what was ordered.

I shaved the head over the region of the fontanelle, and blistered it. I applied a roller round the head, including nearly all but the upper surface, and prepared extemporaneously some purgative powders that should prove hydragogue or highly drastic; they were composed, as nearly as I recollect, of the following—R. Rad. jalapi pulv., ʒj.; tartrat. potass., ʒjss.; rad. ipecacuanha, ʒss.; elaterium, grs. iij. Well mixed and divided in xij. powders. They proved highly cathartic. I left it to the discretion of the mother to divide the powders as the strength of the child would bear. I told them they must repeat the blister, apply irritating ointment, re-apply the bandage daily, or as often as it became in any degree loose, and to give the child nourishing diet in moderate quantity. I heard nothing definite from the child, and for some time had supposed that it was dead; until, the last of June, 1843, eight months after I had seen it, I met the parents in the city with the child completely restored to health. The body and limbs are well proportioned, the head remains about the same size. The fontanelle has almost completely closed; can be felt with the point of the finger about the size of a healthy child's of sixteen or eighteen months old. She appears bright and intelligent. The father told me that he had pursued the treatment I had ordered for four months; it was not until three months that he perceived the pulsation of the brain and size of the fontanelle to diminish. The mother had given the purgative I had ordered, and afterwards occasionally castor oil.

Remarks.—As to the *rationale* or *modus operandi* of the cure, by the treatment (if the treatment may be considered as having been necessary to assist nature in the cure), it is, perhaps, too obvious to require notice to the medical profession. The roller afforded, by constant pressure, a mechanical support. The discharge of serum by the blister could be of little or no avail in the cure; but it is well known that in the treatment, sometimes pursued for maniacs, of alternate cupping and blistering the surface of the head, it is proved by autopsy that the cranium becomes much thickened by earthy deposit. So in this case the irritation produced by blistering may have been favorable to the process of ossification necessary to fill up the fontanelle with the bones of the cranium. The advantage often derived from drastic purgatives in dropsies is well known. It was the opinion of Dr. Amos Twitchell, of Keene, N. H., that hydrocephalus in infants could be cured by drastic purgatives. He succeeded in curing a case by this treatment alone.

It is very seldom that parents can be induced to follow one plan of

treatment so long ; and no doubt in this case the cure is owing to the assiduity and perseverance of the parents in the course ordered.

New Orleans, July 13th, 1843.

L. HITCHCOCK.

ON LABORS WITH TWO OR MORE CHILDREN.

From Dr. Robert Lee's Lectures at St. George's Hospital.

DR. CHURCHILL states that we find among British practitioners, in 161,042 cases of labor, 2477 cases of twins, or about 1 in 69, and 36 cases of triplets, or 1 in 4473. Among French practitioners, in 36,570 cases, 332 cases of twins, or about 1 in 110, and 6 of triplets, or 1 in 6,095. Among German practitioners, in 251,386 cases, 2967 cases of twins, or about 1 in 84, and 35 of triplets, or about 1 in 7185. Taking the whole we have 448,998 cases, and 5776 of twins, or 1 in 77½, and 77 cases of triplets, or 1 in 5831. The statistics of the British Lying-in Hospital, which was instituted in 1749, are not included in the above statement. Since the institution of this hospital, 35,978 women have been delivered, and 36,401 children born ; 423 had twins, and one 3 boys. The proportion of boys to girls born in this hospital is about 18 to 17 ; of still births, about 1 in 25 ; and women having had twins, about 1 to 85. I have seen only two cases of triplets during the last 16 years, and neither of them occurred in this hospital. The proportional number of women giving birth to twins, appears, according to Dr. Collins's report, to be much greater in Ireland than in any other country of Europe from which authentic records have been obtained. In France, he says, there is 1 twin case in every 95 births ; in Germany, 1 in 80 ; in England, 1 in 92 ; in Scotland, 1 in 95 ; in Ireland, 1 in every 62. Of 129,172 women delivered in the Lying-in Hospital of Dublin, 2062 gave birth to twins ; 29 of the 129,172 produced 3 at each birth, which is in the proportion of 1 in 4450. One only gave birth to four. Of 697 cases of twins collected by Dr. Churchill, 417 children of the 1394 died, or about 1 in 3½ ; and out of 12 cases of triplets, *i. e.*, 36 children, 11 were lost, or 1 in 3. A considerable number were premature and stillborn, and some putrid at birth.

Women are exposed to much greater risk who give birth to twins than those who are delivered of one child ; and the danger is produced chiefly by the over-distension of the uterus during pregnancy, the preternatural presentation of one or both the children, and the occurrence of hæmorrhage from the want of uterine contraction after the separation and expulsion of the placenta. Inflammation of the deep-seated structures of the uterus, especially the veins, not unfrequently proves fatal to women who have been delivered of twins. We seldom discover before the birth of the first child that there is a second or third in the uterus. By the stethoscope it has sometimes been ascertained, from the remarkable difference in the action of the two hearts. I have never from auscultation been absolutely certain of the existence of twins before the commencement of labor ; but in some cases, from the great size and unusual shape

of the abdomen, the peculiar movements described, and the irregularity and feebleness of the pains after labor has begun and continued many hours, I have suspected there were twins, and my suspicions were well founded. But I must admit that all these symptoms are sometimes fallacious, and that women often feel confident from these and other symptoms that they will have twins, when they bear only one child.

It is in our power, and it is our duty, in all cases to ascertain with certainty, after the expulsion of the first child, if there be a second within the uterus. The small size of the first child often leads us to suspect that there is another, before the hand is applied over the abdomen, and the head, nates or some part of the second child, is felt through the parietes. If the uterus contains a second child, it is still large, hard and unequal; the uterus still fills the epigastrium, at least reaches considerably above the umbilicus. I have been repeatedly called to deliver a second child when there was nothing within the uterus but a great placenta. In all cases, therefore, you will not trust to the application of the hand over the abdomen, but make an internal examination; not merely for the purpose of determining whether there is a second child, but, if there is, to ascertain the nature of the presentation. Put the umbilical cord of the first child upon the stretch, and pass along it two fingers of the right hand, and if there is a second child you will feel the second bag of membranes, and discover whether the head, the nates, the extremities or funis present. It is necessary to inform the nurse of the fact.

When the nates or inferior extremities of the second child present, the binder should be applied firmly round the abdomen, some stimulant should be given, and some time allowed for the uterus to contract. At the end of an hour, or even earlier, if the pains do not return, rupture the membranes, tighten the binder, and bring down the lower extremities, and deliver the child in the manner already described when the nates present. No good can in any case be produced by allowing the child to remain longer in the uterus than an hour after the birth of the first.

If a shoulder or superior extremity of the second child presents, proceed immediately to perform the operation of turning, which is easy and safe both for the mother and child, if you pass up the hand into the uterus, before the membranes are ruptured.

In twin cases, where the head of the second child presents, apply the binder, rupture the membranes, and the uterus will probably contract upon the child and expel it without any artificial assistance. If, however, the labor has been very protracted, and there is great exhaustion, and some risk lest the natural powers should be insufficient for the delivery of the second child, I am disposed to think, as the operation of turning is so easily accomplished, that it would be better at once to have recourse to it, than to trust to the forceps if further assistance should be required. At all events it is invariably necessary to rupture the second set of membranes, if you determine to leave the expulsion of the second child to nature, for the uterus may remain twenty-four hours or longer quiescent if this is not done. After the delivery of both children, always remember the danger of uterine hæmorrhage.—*London Med. Gaz.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 AUGUST 2, 1843.

Western Lunatic Asylum.—In western Virginia, at Staunton, near the centre of Augusta county, and towards the south-western extremity of the rich agricultural valley of the Shenandoah, is located an institution that has received the fostering care of the Legislature for some years. While the neighborhood wears the expression of neglect and a want of physical energy in man, as it regards the appearance of the private dwellings, the lunatic asylum presents a noble and cheerful aspect, indicative of comfort and order within. From the experience of the medical superintendent, it is presumed that all the improvements known in the best-managed institutions of the North, have been introduced, and the report before us evinces the efforts of Dr. Stribling to meet the high expectations of the free-holders of Virginia.

Although the annual report has come to hand at rather a late period, it affords us pleasure to notice its prominent features. In the year 1842, according to the tabular sheet, 152 insane persons were accommodated at the Asylum. Of that number, 99 were already lodged at the commencement of that year; and in 1842, 53 new cases were admitted. At the time of finishing the Report, 110 patients were under treatment, viz., 74 males and 36 females. Of these, 101 were chronic, and 9 only of recent origin. The great disproportion, says the report, exhibited between the sexes, was owing, solely, to the peculiar construction of the buildings, which rendered it "impracticable to afford safe and convenient accommodations for more than about 40 females."

Table second, on the fifteenth page, is rather open to criticism, on account of the loose manner of making a return to the Court of Directors, of the discharges, deaths and elopements—all in a lump! Thus it says—"patients discharged, eloped and dead, 42—males 31, females 11." The men popped off in various ways, it seems, whilst the women, who either liked their quarters better, or were more tenacious of life, stuck by to the end of *Anno Domini* 1842, as all crazy people should, till the annual report was fairly made up!

So much for the table: however, by following out the explanation, we there discover that 15 had died—an unusual mortality; and that no prejudicial impressions might be made with respect to the prospect of health in the institution, Dr. Stribling remarks that it is proper to state "that all of them resulted from causes wholly unconnected with its locality, construction or general management."

On the 21st page Dr. Stribling introduces an observation that is rather discouraging, although it may be true, viz.: "As experience has amply demonstrated that but few persons afflicted for a longer duration than *two years*, are ever restored to reason, we are, in view of the facts presented by this table (table 4th) forced to the painful conviction that more than *one hundred* of the patients now under our care, are doomed to continue insane for the remainder of their lives."

Next, Dr. Stribling enters upon the consideration of the value of medication in the early stages of insanity. "More than one hundred of those under our care during the present year, have been subjected to a thorough course of medical treatment, with a view to their mental relief, and in most cases with decided benefit." What is to be understood by a *thorough course*, is quite incomprehensible. Sure it cannot mean the Samson practice, as it is sometimes called in the new countries, alluded to on the 31st page, where the writer says, "it rarely happens that a patient is brought here, after having previously been under the care of a medical practitioner, in regard to whom it cannot be said that he has been *well bled, blistered and purged!*" It so happens that very little value is attached to any medication in these latter days, with the insane. Phrenologists, with Mr. Combe in the van, may argue as much as they please, to prove that lunacy, in all its forms, results from a derangement of the organic machinery. Unless the location of the sick fibre can be infallibly pointed out, no man could be justified in dosing the poor reason-bereft sufferer with drugs whose action could not be positively shown to produce the result that is unreasonably hoped for.

Another topic of vast importance falls under a distinct head—defined *moral means*. It is the highest department of knowledge to which those who are set apart by authority for administering to the necessities of the insane, should aspire. Pills and powders have no weight in the affairs of an asylum of this kind, while moral treatment is the lever by which all great efforts for restoration are to be effected. The more there is written on this essential subject, and diffused, the more reason we shall have for believing that civilization, science and christianity are mutually exerting a combined power of incalculable benefit to man. Lastly, diet, music, libraries, labor (a matchless medicine alone), religious services, &c., have each an appropriate share of attention bestowed upon them, very satisfactory, but not particularly new. As a whole, the Report is creditable to the intelligence and philanthropy of Dr. Stribling, and the institution from whence it emanates.

Abrogation of Medical Honors.—A story is circulating that at a recent meeting of the Medical Society of the City of New York, a resolution, passed some time in 1822, which made Dr. Hahnemann, of Paris, the inventor of homœopathy, an honorary member, was repealed. This is altogether a singular kind of movement; yet it may not be without a precedent. No mistake is likely to be made in regard to the object of this action. The effect will be, if any is produced, just the opposite of what was intended. Importance is given to this infinitesimal nonsense by these little sectional shows of a determination to prevent its extension. By ridiculing Swaim's panacea, the fortune of the proprietor was secured—and an ample one it was. Thousands of boxes of Brandreth's pills, we believe, have been sold, which never would have been manufactured, had there not been a sturdy and unflinching opposition exhibited. The best method for suppressing quackery of any kind, is never to speak of it.

Ovarian Dropsy.—Mention is made in the Lancaster (Penn.) paper, of an operation, of late, that created a great sensation in that neighborhood.

It seems that a female, who had repeatedly been tapped to relieve her from ovarian dropsical accumulations, was a short time since operated upon by Dr. W. A. Atlee, in the following manner. First, he extracted twenty-two pounds of water; after which, two tumors were removed, weighing together two pounds. A strong hope of the patient's recovery is entertained. A detailed and circumstantial report will probably be given in due time, through some of the Journals.

Medical Things in Paris.—It is rumored that Dr. F. Campbell Stewart, of New York, late family physician of Gen. Cass while a resident abroad, will soon publish a statistical account of the hospitals of Paris, together with memoirs of the most eminent French surgeons of the present day. No writer could have a more ample field to exercise in than this. If it is not an interesting and useful book, the author can make no satisfactory apology, so abundant and curious are the materials.

Naphtha in Consumption.—D. Wilson, Esq., surgeon, of London, in a communication in the *Lancet* of June 3, corroborates the reports of benefit derived from the use of naphtha in consumption, as published by Dr. Hastings and copied into this Journal a few months since. One case is related, which certainly shows a very favorable result up to the date of the communication. Ten drops of naphtha three times a day were ordered, to commence with, to be gradually increased to twenty drops. Several cases, he says, were progressing most favorably. He has found, as stated by Dr. Hastings, that the wood or rectified naphtha is greatly superior to the coal naphtha.

Erysipelas in New Hampshire.—A physician in New Hampshire, of much experience, gives us some encouragement to hope from him an account of the epidemic erysipelas which has prevailed extensively in that State, as well as in so many other places. We trust he will find time to do it, as we have no doubt that it would be acceptable both to readers residing in places where the disease has, and where it has not appeared. He says, in a note—"Should it appear in your quarter of the same type as with us, you will soon find the lancet, even in the later stages, the sheet anchor."

Dogs in the Streets.—The Paris police has issued orders to its officers, to kill all dogs found in the streets, in contravention of the ordonnances that have been previously published. The Board of Health has also posted up the following advice to persons who may be bitten by a dog supposed to be mad: "Instantly upon receiving the bite, let the part be compressed all round, so as to force out the blood and venom. (Cupping would be better still). The wound should then be washed with volatile alkali diluted with water, or with lye, or soap and water, lime water, or salt and water; or in case none of these should be at hand, with urine, or even plain water. It (the wound) should afterwards be burned with a piece of iron heated to a white heat."

Treatment of Hydrocephalus—Diseases in New Orleans.—The reader will find an interesting case, in to-day's Journal, in which hydrocephalus was successfully treated by bandage, blisters, &c. The writer will please accept our thanks for his favor; and we wish that other physicians and surgeons in that city might be induced to record in our pages some of the results of their practice.—Abscess of the liver, we understand, which is a common complaint there, has been cured by one of the principal surgeons, in several instances, by an operation discharging the pus—some account of which we hope may hereafter be furnished for this Journal.—Several well-marked cases of yellow fever had occurred in New Orleans previous to the 13th ult.—The influenza was quite prevalent, many hundreds having been attacked with it, but few with any great severity.

The Plea of Insanity in Criminal Cases.—The July No. of the British and Foreign Medical Review contains a long article on this subject—being a review of several important works on homicidal insanity, which have lately issued from the London press. The subject, at all times interesting, has acquired additional interest from the occurrence of recent cases in England and in this country. The researches of the writers alluded to seem to show that the views of judges and lawyers are wholly unsettled on the subject. We make one short extract, having reference to this point. Other extracts may be given hereafter.

"The only conclusion to be derived from an examination of these authorities, is that, in cases of insanity, 'the law looks to the capability of distinguishing between right and wrong; of the person knowing that the crime of which he stands accused is an offence against the laws of God and man.'—In plain language, the conclusion amounts to this: that if a man knows that what he is doing is contrary to law, he is responsible for the act, otherwise not: right and wrong must then here stand, as Lord Brougham has suggested, for legality and illegality. The difficulty lies, however, in applying such a test. How are we to discover what a man's views are of the legality or illegality of the act which he is perpetrating? We cannot take it from his confession; and if we take it from circumstances, we are very liable to be deceived. Bellingham did not admit that he had done wrong in shooting Mr. Perceval; and there was every reason to believe that he was insane: he was, however, convicted and executed. Martin, the incendiary, admitted that he knew he was doing wrong, according to the law of man, when he set fire to York Cathedral; he knew that the act was illegal, but he said he had the command of God to do it. There was no doubt that it was perpetrated under a delusion, and he was acquitted. Thus, then, it appears from this case that a man may have a full conviction that the act which he is perpetrating is illegal, and yet be held irresponsible. Some homicidal monomaniacs have committed murder, in order that they might suffer death according to law, considering that they were forbidden to destroy themselves. They must, in these cases, have been fully aware that the crime which they were about to perpetrate was contrary to law, and have actually looked forward to the punishment which they conceived would deservedly follow the offence. The case of Hadfield, who was tried for shooting at George III., furnishes another striking example of the existence of insane delusion, coupled with a knowledge of the consequences of the act which he was

about to commit. He knew that in firing at the king he was doing what was contrary to law, and that the punishment of death was attached to the crime of assassination; but the motive for the crime was that he might be put to death by others; he would not take his own life. The legal test, then, here falls short of what is necessary for justice. A consciousness that the act committed is contrary to the law of God and man may exist, and yet the person be held irresponsible. Hence this mode of testing criminal responsibility, without taking into consideration numerous other circumstances, is incorrect. Cases occur in which it is impossible to act upon it."

New Treatment of Pleurisy.—The following is a process adopted by Dr. Turck, of Plombieres, for curing pleuro-bronchitis, and which, in one case at least, has been attended with the happiest results. A man, aged 50, of a sanguine temperament, fat, and usually enjoying good health, caught a cold which terminated in a pleurisy, there being violent pain on the left side of the chest, greatly augmented at each movement of inspiration, and rendered intolerable by coughing; pulse full, hard, and 120 per minute, &c. Notwithstanding the vigorous constitution of the patient, Dr. Turck eschewed all depletory measures, or purgatives, and administered internally only a placebo mixture containing a small quantity of opium. He, however, ordered an alkaline lotion composed of caustic soda, with camphorated spirit, turpentine and oil, with which the surface of the body was to be washed, in order to secure an abundant acid perspiration! and an open vessel was placed on either side of the bed, into which every half hour was thrown some fresh ammonia, which should volatilize and impregnate the respired air. According to Dr. Turck, ammonia acts on the skin and on the mucous membrane of the lungs in a diametrically opposite manner, being as powerfully sedative on the latter as actively stimulant to the former; and in this way he supposes proximity to stables (in which much ammonia is generated) to have proved beneficial to phthisical patients. However this may be, it is stated that in the above case, the treatment of which began early in the morning, "after the first hour an abundant perspiration broke out, which lasted all the forenoon. At noon there was neither fever nor cough, nor any pain in the chest. Two hours afterwards, fever re-appeared with double violence, the pulse beating 140 per minute, and delirium ensued, but unattended with either pain or cough." Dr. T. attributed this to the too long-continued employment of the strong alkaline lotion, for which he at once substituted embrocations of plain oil. At 10, P. M. of the same day, the patient was completely cured of both his pleuro-bronchitis, and the ill effects which had ensued during the treatment.—*Gazette des Hopitaux.*

DIED.—At Perry Centre, N. Y., Dr. Jabez Ward.—In Dedham, Mass., Dr. Simeon B. Carpenter, 42.

Number of deaths in Boston, for the week ending July 29, 42.—Males, 21—Females, 21. Stillborn, 2. Of consumption, 5—influenza, 2—inflammation of the lungs, 1—hooping cough, 1—tumor, 1—disease of the womb, 1—scrofula, 1—inflammation of the bowels, 2—teething, 1—pleurisy fever, 3—rheumatic fever, 1—bleeding at the lungs, 1—epilepsy, 1—drowned, 2—inflammation of the gail, 1—scarlet fever, 2—infantile, 2—child-bed, 1—disease of the heart, 1—lung fever, 1—dropsy on the brain, 1—stoppage in the bowels, 2—cholera infantum, 1—throat distemper, 1—suicide, 1—erysipelas, 1—typhus fever, 1—old age, 1.

Under 5 years, 13—between 5 and 20 years, 6—between 20 and 60 years, 17—over 60 years, 6.

Suppression of Hæmorrhage at the Gum. By THOMAS EMBLING, Esq.—The following case, illustrative of the great difficulty often experienced in stopping hæmorrhage from the minute maxillary arteries after the extraction of a tooth, will also show the efficacy of a simple method of cure in such cases, when pressure can be positively applied to the mouths of the bleeding vessels.

I was sent for some time back to a lady, who, on the preceding evening, had a tooth extracted by a dentist, and whose gum had continued to bleed profusely from the time of the removal of the tooth until I saw her, being a period of about eight hours.

I found the mouth filled by coagula, and a perpetual dripping of arterial blood escaping from the mouth. A variety of remedies had suggested themselves to the patient and her friends, but none had at all subdued the bleeding. On clearing the mouth thoroughly from the coagula, I observed that in the extraction of the tooth (the third molar of the upper jaw) the dentist had broken off a considerable portion of the alveolar process, leaving a point of bone sticking out in the hole which had been thus made. A large piece of the gum had been also torn away. Several minute arteries were bleeding freely in the gum. I employed all the usual remedies adopted in such cases, but none of them, neither lunar caustic, nitric acid, nor the actual cautery, effected a cessation of the hæmorrhage.

After using such remedies as I could devise for three or four hours, I tried the effect of compressing the part between the finger and thumb. This produced great nausea and vomiting at first, but having no other agent upon which I could at all depend, I determined to try the effect of long-continued pressure upon the mouths of the bleeding vessels. Of course, during the immediate pressure of the finger and thumb, no hæmorrhage could occur, as the part allowed a direct application to the open vessels; but at the end of an hour there was very slight, if any, diminution of the hæmorrhage; in another hour, however, the decrease of hæmorrhage was decidedly perceptible; in a third hour still greater improvement was evident, and by five hours and a half after I first employed pressure the hæmorrhage had ceased entirely.

For some weeks the gum was extremely tender, but gradually the tenderness has passed off, although at the present time the spicula of bone which was left of the alveolar process (for I did not deem it prudent at all to increase the loss of bone) is very painful when pressed upon suddenly and violently.—*London Lancet.*

The notable grammarian, Dumergue, being confined to his bed with an abscess of the throat which threatened immediate suffocation, was attended by a provincial physician who, in his bad *patois* in a phrase of an equally ungrammatical kind with the following:—"If you *doesn't* take what I send you, do you think?"—"And do you think?"—screamed Dumergue, starting up with indignation, "is it not enough that you poison me with your physic, but that you must come to embitter my last moments with your bad grammar? Get out." The sudden violence of the effort gave issue to the abscess; and the grammarian who had benefited little by the medicines of the practitioner, was saved by his bad French.—*ib.*

